

Exhibit H

| Regenokine Program | | | | | | | | | | |
|--------------------|---|------------|------------------|-------------|-------------|--------------|--------------|---------------------|-------------|----------|
| Royalty Report | | | | | | | | | | |
| Period Covered: | 16-Dec | | | | | | | | | |
| Date of Report: | 5-Jan-17 | | | | | | | | | |
| Facility address: | 18 E. 48th St. NYC 10017 | | | | | | | | | |
| Date of Invoice | Blood draw | Patient ID | Patient Initials | # of spines | # of joints | # of muscles | # of tendons | Invoiced to patient | license fee | comments |
| 11/1/2016 | 355 | [REDACTED] | | | 1 | | | 10,000 | 4,000 | |
| 12/6/2016 | 368 | [REDACTED] | | | 1 | | | 12,500 | 5,000 | |
| Date/Signature |  | | | | | | | Total | 22,500 | 9,000 |

| | | | | |
|-----|-------------|--|------------|----------------------------------|
| 315 | 19. JUL 16 | | 20. FEB 17 | July Report |
| 316 | 19. JUL 16 | | 20. FEB 17 | July Report |
| 317 | 19. JUL 16 | | 20. FEB 17 | July Report |
| 318 | 20. JUL 16 | | 21. FEB 17 | Made payment/Sept Report |
| 319 | 02. AUG 16 | | 03. MAR 17 | Aug Report |
| 320 | 02. AUG 16 | | 03. MAR 17 | Aug Report |
| 321 | 03. AUG 16 | | 04. MAR 17 | Aug Report |
| 322 | 08. AUG 16 | | 09. MAR 17 | Aug Report |
| 323 | 08. AUG 16 | | 09. MAR 17 | Aug Report |
| 324 | 10. AUG 16 | | 11. MAR 17 | Aug Report |
| 325 | 11. AUG 16 | | 12. MAR 17 | Aug Report |
| 326 | 11. AUG 16 | | 12. MAR 17 | Aug Report |
| 327 | 02. SEPT 16 | | 03. APR 17 | Sept Report |
| 328 | 02. SEPT 16 | | 03. APR 17 | Sept Report |
| 329 | 06. SEPT 16 | | 07. APR 17 | Cancelled Tx/Serum destroyed |
| 330 | 06. SEPT 16 | | 07. APR 17 | Sept Report |
| 331 | 06. SEPT 16 | | 07. APR 17 | Sept Report/no retained sample |
| 332 | 07. SEPT 16 | | 08. APR 17 | Sept Report |
| 333 | 07. SEPT 16 | | 08. APR 17 | Sept Report/no retained sample |
| 334 | 08. SEPT 16 | | 09. APR 17 | Sept Report |
| 335 | 11. SEPT 16 | | 12. APR 17 | Sept Report |
| 336 | 11. SEPT 16 | | 12. APR 17 | Pro bono |
| 337 | 12. SEPT 16 | | 13. APR 17 | Sept Report/no retained sample |
| 338 | 14. SEPT 16 | | 15. APR 17 | Sept Report |
| 339 | 27. SEPT 16 | | 28. APR 17 | Sept Report |
| 340 | 27. SEPT 16 | | 28. APR 17 | Sept Report |
| 341 | 27. SEPT 16 | | 28. APR 17 | Sept Report |
| 342 | 29. SEPT 16 | | 30. APR 17 | Made payment/Oct Report |
| 343 | 29. SEPT 16 | | 30. APR 17 | Made payment/Oct Report |
| 344 | 29. SEPT 16 | | 30. APR 17 | #341 We needed more blood on him |
| 345 | 03. OCT 16 | | 04. MAY 17 | Oct Report |
| 346 | 03. OCT 16 | | 04. MAY 17 | Oct Report |
| 347 | 04. OCT 16 | | 05. MAY 17 | Oct Report |
| 348 | 05. OCT 16 | | 06. MAY 17 | Oct Report |
| 349 | 06. OCT 16 | | 07. MAY 17 | Oct Report |
| 350 | 18. OCT 16 | | 19. MAY 17 | Oct Report |
| 351 | 18. OCT 16 | | 19. MAY 17 | Oct Report |
| 352 | 27. OCT 16 | | 28. MAY 17 | Oct Report |
| 353 | 31. OCT 16 | | 01. JUN 17 | Oct Report |
| 354 | 31. OCT 16 | | 01. JUN 17 | Oct Report |
| 355 | 01. NOV 16 | | 02. JUN 17 | Made payment in Dec/Dec Report |
| 356 | 01. NOV 16 | | 02. JUN 17 | Nov Report |
| 357 | 01. NOV 16 | | 02. JUN 17 | Nov Report |
| 358 | 14. NOV 16 | | 15. JUN 17 | Nov Report |
| 359 | 14. NOV 16 | | 15. JUN 17 | Nov Report |
| 360 | 15. NOV 16 | | 16. JUN 17 | Nov Report |
| 361 | 17. NOV 16 | | 18. JUN 17 | Nov Report |
| 362 | 21. NOV 16 | | 22. JUN 17 | Nov Report |
| 363 | 28. NOV 16 | | 29. JUN 17 | Nov Report |
| 364 | 28. NOV 16 | | 29. JUN 17 | Nov Report |
| 365 | 29. NOV 16 | | 30. JUN 17 | Nov Report |
| 366 | 29. NOV 16 | | 30. JUN 17 | Nov Report |
| 367 | 30. NOV 16 | | 01. JUL 17 | Nov Report |
| 368 | 06. DEC 16 | | 07. JUL 17 | Dec Report |

1/9/17 *[Signature]*

- Strictly Confidential -

Annex 4.3
WRITTEN CONFIRMATION

I, Edward Capla M.D., born on [REDACTED] resident New York, USA, hereby confirm that the ROYALTY REPORTS provided to the LICENSOR in the calendar year 2016 are all true, accurate and complete and that no further invoices for TREATMENTS have been issued to the patients in the respective calendar year.

I further confirm that I have not disclosed the CONFIDENTIAL INFORMATION, as stipulated in the AGREEMENT, to any third party (including, but not limited to, family members) and in no other way enabled such third parties to make use of the CONFIDENTIAL INFORMATION.

Date: 1/10/17

Signature: Edward Capla

Edward L. Capla, M.D.